Effective October 1, 2003 (07056/)													
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY		¥TITY □	OR	OTHER THAN	
TOTAL CLAIMS			<u> 1</u> 1					RATE		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE		385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		•			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*			X43=			OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	+290=	
* If	the difference	in column 1 is	less than z	ero, enter	"0" in c	" in column 2		TOTAL			OR	TOTAL	770
	C	_	MENDE	NDED - PART II								OTHER	
	(Column 1) (Column 2) (Column 3							SMAL	.L. E	NTITY	OR	SMALL	,
AMENDMENT A	prell	REMAINING AFTER AMENDMENT		NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N Q	Total	· //	Minus	-2	0	= /		X\$ 9=	:		OR	X\$18=	
AME	Independent + 2		Minus 444 Z		CLAIM			X43=			OR	X86=	
<u> </u>	PIŅST PRESE	INTATION OF MIC	DETIFIE DE	PENDENT	CDAIIVI		'	+145=			OR	+290=	
	× 4°							TOTA			OR	TOTAL	
	. (Column 1) (Column 2) (Column 3)										•	ADDII. PEEI	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
ME	Independent	<u>' la caractera de la caracter</u>		<u> </u>	- · · ·	=	1 [X43=	1		OR	X86=	
<u>'</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								7				
	•							+145= TOTA			OR	+290= TOTAL	
							A	DDIT. FE	ΕL		OR	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total ·	*	Minus	**		= .		X\$ 9=			OR	X\$18=	
ME	Independent	•	Minus	***		=		X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	╁				
- 1	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 								1		OR	+290= TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					er foun	d in the a	appr	opriate box	in coli	umn 1.	
_													COMMERCE

2/12/04

Application or Docket Number